

FINANCIAL ASSURANCE MECHANISM REVIEW REQUEST					
REQUEST FROM:					
	NAME	ORGANIZATION	PHONE NUMBER		
REQUEST DATE:		DATE NEEDED BY: min. 30 days from request		APPLICABLE REVIEW CLOCK CLOSING DATE:	
FACILITY INFORMATION					
TYPE OF FACILITY:	<input type="checkbox"/> SOLID WASTE LANDFILL		<input type="checkbox"/> MAJOR WASTE TIRE FACILITY		
PERMIT ACTION:	<input type="checkbox"/> NEW PERMIT		<input type="checkbox"/> PERMIT REVIEW		
	<input type="checkbox"/> REVISION		<input type="checkbox"/> PERMIT FOR EXPANSION		
	<input type="checkbox"/> TRANSFER PERMIT - CHANGE IN OWNER/OPERATOR				
CLOSURE PLAN:	<input type="checkbox"/> PRELIMINARY PLAN		<input type="checkbox"/> FINAL PLAN		
	<input type="checkbox"/> COMPLETENESS REVIEW		<input type="checkbox"/> APPROVAL		
CORRECTIVE ACTION PLAN:	<input type="checkbox"/> COMPLETENESS REVIEW		<input type="checkbox"/> APPROVAL		
IF THE PLAN IS FOR LESS THAN THE ENTIRE SITE, PLEASE PROVIDE AN EXPLANATION IN COMMENTS.					
FACILITY NAME:			SWIS NO:		COUNTY:
FACILITY ADDRESS:					
OPERATOR NAME:					
OWNER NAME:					
FACILITY CONTACT:					
PHONE NUMBER:					
CLOSURE AND POSTCLOSURE MAINTENANCE COST ESTIMATES					
CLOSURE COST ESTIMATE:	\$	YEARLY POSTCLOSURE COST ESTIMATE:		\$	
			30-YR TOTAL POSTCLOSURE COST ESTIMATE:	\$	
DATE OF PLAN OR REVISION TO PLAN:					
ANTICIPATED CLOSURE DATE OF THE FACILITY:					
OPERATING LIABILITY					
HOW MANY FACILITIES ARE OWNED/OPERATED?	SOLID WASTE LANDFILLS:		MAJOR WASTE TIRE FACILITIES:		
KNOWN OR REASONABLY FORESEEABLE RELEASE COST ESTIMATE					
KNOWN CORRECTIVE ACTION COST ESTIMATE:					
REASONABLY FORESEEABLE RELEASE COST ESTIMATE:					
DATE OF PLAN OR REVISION TO PLAN:					

[illegible]